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## BULLETIN

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### The Caseworker In a Child Placing Agency\*

#### How Her Role Affects Size of Case Load

By ELIZABETH K. RADINSKY, *Director of Casework*  
Children's Service Bureau, Brooklyn, New York

IN recent years individual members of our Board have questioned the size of our casework staff. It did not appear to them that it was commensurate with our census as compared with past practice. We had approximately the same number of caseworkers as when we cared for twice as many children.

Naturally the challenge was painful to me as the one responsible for the casework. Particularly was this true when I knew that our staff had been working with greater intensity in spite of lower caseloads. However, after the initial jolt, I could not help but recognize that the Board's question had validity. Changes which had steadily become an integral part of our casework practice had not been shared with the Board sufficiently to enable them to see how fundamental and far-reaching were the implications. Of course a Board has to be ready to be kept aware of change but the professional staff has to carry its responsibility to help a Board understand the need for specific changes. It was this realization that set for us the task of working with the Board on a redefinition of the caseworker's job.

While I will not give the actual happenings of our series of meetings with the Board†, I will set down

\* Presented at the Jewish National Conference, June, 1947.

† In the late winter and early spring of 1947, a committee of the professional staff of the Children's Service Bureau-Brooklyn Hebrew Orphan Asylum had a series of meetings with members of our Board. Representative caseworkers portrayed their respective roles in various phases of job. Throughout, the worker emphasized her responsibility to parent, child and foster parent, and how she assumed responsibility for the child care aspects. Additionally

the changes in basic concepts which have affected the caseworker's practice in carrying out her responsibilities and which make necessary a reconsideration of what is a valid caseload.

#### Basic Attitudes Affect Concept of Service

The Children's Service Bureau, which offers a single service, foster home placement, evolved from a large congregate institution. It was established in 1878 "to provide orphans with a home." Yet at no time was the population of our agency predominantly orphans. Perhaps the agency's denial of the existence of parents as reflected in its name indicated the completeness with which it saw itself in the parental role. There was a time in our history when relatives were permitted to visit only once in three months and then through a turnstile. Their visits were

closely watched, for to give up your child to someone else to care for meant not only loss of all parental rights but to have become suspect in relation to your child. It was presumed that children had to be cared for until grown and ready to assume responsibility for themselves before being returned to their parents. It was not surprising that for many children there did develop a very strong tie with agency to which

each member of the staff prepared an analysis of her caseload, depicting quantitatively the work required with each of the clients related to the qualitative need. From this we estimated the number of children, at a given time whose situations require very intensive contacts (once a week or more), intensive contacts (biweekly), average (monthly), and less than average (once in 6 weeks).

CONTENTS	
	Page
THE CASEWORKER IN A CHILD PLACING AGENCY.....	1
ESSENTIALS IN DAY CARE SERVICES	5
EDITORIAL.....	8
REFERENCE LETTERS IN SOCIAL CASEWORK AGENCIES.....	9
ENVIRONMENT VS. HEREDITY..... (A Chapter from Adopting a Child)	13
BOOK NOTE.....	14

even as adults they would return for help, advice, or to share achievement, as one would with a parent.

In such an agency the Board member gave of his time generously, seeing himself as carrying a direct responsibility for the care of each child. Because he saw the agency as having the child-rearing role, it was inevitable for him to overlook the meaning of the parent to the child in placement. The history of our institution is replete with evidence of the eagerness with which the Board added innovations and made changes in its program of care for the child which was a factor in establishing a Foster Home Placement Department in 1927, and then finally in emptying the institution and closing its doors in June, 1939.

Of course all the members of the Board did not hail or welcome a program limited to foster home placement. For some it was difficult to trust the care of the agency's children to foster parents. It was as if to have the children directly in view was to keep them safe even though a good part of their personal responsibility was already relinquished to regular staff personnel (supervisors, teachers, counselors, group workers, etc.). To continue keeping a watchful eye on the child was therefore a concomitant absolute. And it was readily accepted that with the development of foster home care there was needed appropriate personnel to whom could be delegated the responsibility to investigate foster homes and then to be overseers on behalf of the children's welfare. In this way the Board delegated their role of "the watchful eye."

#### Staffing is Related to Concept of Service

The nature of the responsibilities assigned to the worker, the manner in which the agency defined the scope of her job indicated that emphasis was upon safeguarding the welfare of the child. The worker's role with the child did not begin until the child was already in care. Generally little was known of the child other than that which was gleaned from the meager referral summary of the public agency. Based on this material, supervisor and worker went on to select a home for the child. The worker discussed the child with the foster mother and if the latter accepted the child, arrangements were made for her to call for him in the agency. There were times when the worker was not even present when the child arrived and the supervisor would assume responsibility for the admission of the child into care. Then there were times when a child who had to be summarily placed or replaced, went into a foster home for which a worker was responsible without her knowledge, let alone participation.

The clothing worker assumed complete responsibility for clothing the child and all communication regarding clothing was between the foster mother and this worker. In the same way the medical department carried all medical responsibility. Thus the charge of the child was divided among the persons responsible for the various facets of care then existent, with the worker carrying the field responsibility for "overseeing" the foster home. It was an absolute requirement that every foster home be visited within twenty-four hours of the original placement of the child. Every child, no matter how long in placement, had to be visited at least once a month. These visits had a surprise element in that appointments were not made. In part the worker's large load made it difficult to plan appointments. But more than that, it was believed that only thus would the worker find things as they really were for the child.

There was recognition that the agency needed to have some contact with the parent but chiefly to obtain history of the newly admitted child as well as to learn something of the parent's plans and visiting expectations with the child. Since it was information we needed from the parent, any worker in the agency could obtain it, so that if a parent could not arrange an appointment with the worker of the child, he was seen by the worker on duty that day. Inherent in this setup was the attitude that the total agency was responsible for each child and that everyone in the agency could share in the care of each child. Foster mothers, knowing the agency personnel well and in turn known by them, could readily and unquestioningly be called on to help out "in a pinch" or in an emergency. There was generated a great deal of good feeling and sharing in a co-operative venture that undoubtedly contributed to the spread of foster home finding and foster home placements. However, by the same token, there were those foster mothers who were constantly in a state of emergency, who returned children summarily and many homes were lost to the agency with the real reason unknown, and with consequent ill feeling and dissatisfactions.

The concept that the agency's major responsibility was for the care and physical well being of the child, and that the foster mother could carry the burden of it, created a vicious cycle. This was a factor in establishing high caseloads. The high caseloads made adequate coverage impossible, particularly of those situations needing more than "overseeing." Thus in the long run the losses outweighed the gains. More significantly in the diffusion of responsibility, both the child and the foster mother were often confused. Since the agency was not the unifying central force,

it was inevitable that in many situations the foster mother took on that meaning for the child with consequences that were hazardous for all concerned.

### Former Concepts as Reflected in Case Material

For example,

Teddy came to us as an attractive little 3-year-old, on transfer from an infant's institution. His unmarried mother had visited him regularly from the time he was 10 days old, despite her family's displeasure. After his placement on a long-term basis with the Frank family, whose own children were grown and who were eager to experience again the rearing of a little child, the worker on duty learned that Teddy's mother would not relinquish him. The agency's frequent contacts with the foster family gradually lapsed into "routine visiting" for it was evident that Teddy was being given an excellent home. As the foster family found the mother's visiting times inconvenient, the lapses of time between her visits increased. The agency, gratified that it had found a "substitute home" for Teddy, gave affirmation to the exclusion of the mother. This was evidenced in Teddy's enrollment in school with the foster family's name appended to his own. Then came the time when the foster mother found visits from the agency's worker or medical appointments inconvenient too!

Although in her own guilt the mother had permitted herself to be shut out both by foster family and agency, after a prolonged absence she sought to resume contact with her child. Intermingled with her motivation to strike back was evident her need to seek out a relationship with her child, by this time an adolescent.

In striving for a "real home" for Teddy the agency ignored what it meant to his mother to bear a child out of wedlock, to be unable to affirm her motherhood yet unable to relinquish it with finality. The agency failed to identify the evidences of her guilt, of her ambivalence, in her obvious confusions and conflicts and saw only that "not visiting" meant "not interested" and finished business for her. When she returned, it was undoubtedly because of her growing pressure to resolve her conflict which we thought could be dissolved by the passage of time.

No wonder the illusion we had nurtured crumbled with the impact of Teddy's true life situation. With the reappearance of his mother, Teddy's conflicts burst forth not only in openly expressed hostility toward her and the agency but also toward his loving foster parents.

Certainly Teddy had not been neglected. The selection of his foster home was in itself testimony of our recognition of his fundamental need for an opportunity to form primary relationships with a mother and father, so important for the development of security and emotional growth of the young child. However, in trying to create for him a "real home" we denied the profound differences in his life situation—that he came into family living and a foster home at the age of three, that he had a mother who would not release him, that he lived with the Franks

while his name was Stone. With Teddy, too, we did not recognize the components for inevitable conflict and confusion.

### Intent to Serve is Not Sufficient

Everything the agency tried to provide for Teddy was with the best of intentions and as responsibly as we knew how at that time. We recognized Teddy's deprivations but we failed to take into account the importance of the inner psychological processes which would inevitably lead him to question—Who am I? Why am I not with my own people? What lies ahead for me? In our satisfaction with the placement, we failed to help him grapple with as much of his realities as he was ready for at any given time, to comprehend them and to find the strength to live and grow with them.

No wonder, too, that when the crisis came, Mrs. Frank projected so much negative feeling onto the agency. We had thought that the major part of our job was done when we determined we could entrust the care of Teddy to her. We failed to recognize that experience of caring for an agency's child might be different than she had anticipated. We permitted her to hold to an illusion and assume controls that could not exist unaccompanied by fear of what tomorrow will bring and guilt for taking a child away from his mother. We failed to help her come to terms with the realities of foster home placement as they differ from adoption and determine whether she could find satisfaction in being a foster mother to Teddy.

In failing to recognize that placement is a living experience, inherent in which is change for each of the persons involved, the parent, the child and the foster mother, the agency was unaware of its responsibility to offer a continuous service that reckons with the possibilities of change. This was brought sharply to our attention when in the course of closing our institution 35% of our children were discharged to their parents. Might not they have been helped earlier to take the children home if we had recognized that our responsibility was to provide more than day-to-day care to children who needed care away from their own homes?

From our increasing understanding of the realities and meaning of placement there evolved a redefinition of our service as one of giving help to parent, child and foster parent. This led to the establishment of an Intake Service that would enable the parent to determine whether or not placement is the solution, at least in part to his problem, and then to help him and his child move into placement. We began to



recognize that "the under care process" flows from the intake process. For the parent, placement holds a continuous threat to his parenthood, to his relationship with his child, while for every child there is a threat in being given up by his parent. He is less threatened if his relationship with his parent was satisfying, more threatened if his relationship was lacking in the fulfillment of his essential needs.

For every parent, child and foster parent, placement has a different meaning and can shift and change for each from time to time. We have come to recognize that in a foster home placement service the caseworker must be there continuously to sustain and help each of the people involved, the parent, child or foster mother, and particularly at such time as the situation demands it. Whatever affects one, affects the whole of placement.

#### **Changed Concepts Reflected in Recent Case Material. Placement is a Service to the Parent**

It is this concept of placement and casework help that is telescoped here from the case of Carol Carucci.\*

When Miss Kahn, almost 23 years of age, applied for placement of her daughter, Carol Carucci, aged 3½ years, simply and directly she explained that she gave Carol, born out of wedlock, her father's name. Once again she is seeking placement because her efforts to keep Carol with her have failed. She related how following her discharge with Carol from Laurelton Home (a home for delinquent girls) she tried to keep Carol with her. When Carol was six months old, she had to arrange for foster home placement which lasted for almost a year. When she found this difficult to endure, she arranged for Carol to live with her at her mother's—then with an aunt who offered Miss Kahn the opportunity of attending college but this was "too good to last for her." Now she is back with her mother who works during the day while Miss Kahn works at night. She described an arduous schedule of work hours and care of Carol between her hours at the nursery. Although her friends think her selfish to consider placement again for Carol, she sees this as the only means of doing something for herself and giving her baby, whom she describes warmly, stability in a foster home, which she feels is the best kind of placement for a young child.

In a subsequent interview when the worker was helping Miss Kahn look at what is involved in separation, Miss Kahn indicated that this placement will be different from the previous one because "this time I'll pay for her" and Carol is older and knows her mother and knows what it means to be separated from her. It is gratifying to her to recognize that Carol will miss her, although it would bother Miss Kahn if Carol should suffer in leaving her.

During preparation for placement there was discussion of the difference in names. Miss Kahn indicated no problem to her. She wanted Carol to continue using her father's name which is on her birth certificate. It will be a problem for her to be known as "Miss Kahn" and she suggested the foster family be told this is her "business name." However she accepted that worker could present her as "Miss Kahn," Carol's mother, who will be visiting.

Miss Kahn was pleased and comforted that Carol was to be

placed with the Gordons who have children of their own. She had found Carol's placement with a childless couple in the previous agency very painful.

Five months later Miss Kahn reported that she was planning to join the WACs in order to get professional training since she had lost her job anyway. She was concerned whether her status in regard to Carol might prevent her being accepted, and asked that the agency not divulge such information. She has enough money in bonds to pay the agency for 2 years for Carol's care. She was obviously taken aback by the injection of how such planning would affect Carol who was growing attached to the foster mother and whom she was calling "mommy." Although Miss Kahn saw this as good she was concerned that Carol now called her "Gladys" rather than "mother" and wondered if long separation might affect their relationship further.

The following week, although Miss Kahn indicated that instead of the WACs she was enrolling in the Nurse Cadet Corps which would keep her in the vicinity, she had not revealed Carol's existence. The worker questioned how we would communicate with her in case of emergency illness, etc. This troubled Miss Kahn. She would not be rejected because of Carol but her own status might be in jeopardy. Could she await action "on her own qualifications," then if favorable tell about her child and status? To this the worker agreed. She still questioned Carol's place in all of this and expressed her puzzlement that Miss Kahn's plans, so carefully detailed, lacked signs of her own feelings for Carol. Miss Kahn was clear that she could not take Carol home now and with real hurt in her voice she said "she is uppermost in my mind. All I am doing is for her. She is the only thing I have that I really love."

It was with great pride, in a subsequent interview, that Miss Kahn told her worker of her acceptance in the Nurse Cadet Corps and presented the bonds she would convert in order to pay for Carol's care. At a later time, mixed with her satisfaction of her own achievements, there was concern as to how financial obligations would be met when the money was gone. Again she rejected possible application for public assistance, for fear of being ineligible. Only when the worker told of the agency's policy of considering care to children whose parents were ineligible for public assistance, did she consider requesting such help. The worker challenged whether being rejected was really her fear and Miss Kahn recognized that her feelings about herself made her suspect the public agency of antagonism. Her mother considered her damaged goods! Then she connected her own experiences with those of Carol whom she wants "to learn that there are certain kinds of behavior outside the pale." Before the year was up, in the course of interviews related to application for public assistance, Miss Kahn talked of a fiance, Mr. Green, who knows and likes Carol. At another time, in the presence of her fiance, she revealed her marriage and her fear of the public agency on that score. She was also troubled that Carol was not completely comfortable in placement, yet she, the mother, needed placement to continue. She wanted help with her child and for herself. Both Mr. and Mrs. Green were helped to establish their married status with the public agency which granted assistance in view of the validity of their plans. Mrs. Green returns to finish her college course.

#### **Help to the Parent Means Sounder Relationship With Child**

Once Mrs. Green was assured that placement was truly available to her, she revealed increasing concern about Carol's unhappiness and even suggested quitting school seven months before graduation to take Carol home. The worker helped Mrs. Green recog-

(Continued on page 10)

\* This case was carried by Mrs. Edith Patt and this last year by Mrs. Ruth Kaplan.

## Essentials in Day Care Services

ALICE T. DASHIELL

THE League believes that the best opportunity for the happy and normal growth and development of a child is provided by his own parents in a comfortable and secure home environment. It is recognized, however, that many parents are unable to assume full responsibility for the care of their children because of a variety of social and economic problems, but that the relationship between parents and children and the continuity of home life may be sustained if adequate provisions can be made for care of the children during the day.

Problems which may necessitate care of children away from home during the day include the absence of either parent due to death, divorce, separation or desertion; the necessity for the mother's employment because she is the sole or major support of the child or because the father's earnings are inadequate; the mother's illness or other incapacity. The prevalent shortage of housing and consequent overcrowded living conditions are likewise factors which often necessitate temporary arrangements for daytime care of children.

Two types of day care should be provided by any community in which there are parents requiring help in the care of their children.

These services are:

- I. Group care of children in a day nursery or child care center.
- II. Placement of children in family homes.

### I. GROUP CARE

#### 1. Children Served

Group care in day nurseries or child care centers is appropriate for children between the ages of two and a half and ten years, for whom satisfactory care cannot be provided in their own homes. Although children as young as two years are commonly accepted for group care, these children as a rule have special difficulty in adjusting to separation from their mothers and to group living.

If separation of a mother and child cannot be postponed until he becomes sufficiently mature for group experience, and adequate care cannot be provided at home, the best alternative is substitute mother care in a well-selected family home.

#### 2. Program and Staff

The combined skills of education, medicine and social casework are essential in any group day care program.

The admission of children to a day nursery or child care center should be based upon a consideration of the needs of the individual child. In order to plan satisfactorily for the group care of any child, there must be participation by the parents, the caseworker, the teacher and the pediatrician.

The number of hours daily, the number of days weekly, and the extent of time children receive care in a day nursery or child care center should be determined as far as possible by a careful consideration of the physical, intellectual and emotional needs of each child. There must be recognition of the problem for child and parents in their separation and of the importance of a close relationship between the parents and the staff of the nursery or center, in which there is constant sharing of responsibility for the care of the child.

Groups of children should be separated according to age and maturity. The approximate number of children in each group and the number of staff required for each group are as follows:

10 children, ages 2½-3½ years	—1 teacher 1 assistant
15 children, ages 3½-5 years	—1 teacher 1 assistant
20 children, ages 5-6 years	—1 teacher 1 assistant

If larger numbers of preschool children are enrolled, the age range in each group may be smaller, with arrangements made for additional groups, each with a minimum of one teacher and one assistant.

25 children, ages 6-10 years	—1 teacher 1 assistant
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If larger numbers of school-age children are enrolled, this group should be divided so that separate and suitable activities may be developed for 6-8-year-olds and for 8-10-year-olds. The number in each of these groups should not exceed 20. There should be one teacher responsible for each of these groups and a minimum of one assistant available for each.

The teacher assigned to each group of preschool children should be a qualified nursery school teacher. It is desirable that the assistant in each group have had some training in early childhood education, but she may be an untrained person, provided she is experienced in the care of young children, and has a genuine interest in and liking for them and the capacity to develop skills under supervision.

The teacher assigned to each group of school age children should have had teacher training and experience in recreation programs for children of elementary school age, or specialized training in the recreation or group work field. The assistant should have had experience in working with groups of school age children, a genuine interest in and liking for children of this age and the capacity to develop skills under supervision.

There should be provision for a well-balanced program of indoor and outdoor activities, rest and nutrition, suitable for each group.

The day nursery or child care center should be directed by an executive who is capable of administering a program in which the skills of medicine, education and casework are combined. It is preferable that the executive shall have had professional training in one of the three fields, nursing, education or social work.

A qualified physician, preferably a pediatrician, on the staff of the nursery or center, should make all preadmission physical examinations of children and periodic re-examinations and should determine the health policies and procedure for children and staff.

A qualified caseworker, preferably a member of the staff, should be responsible for application interviews and for a continuous relationship with parents as long as their children receive care in the nursery or center.

There should be a sufficient number of maintenance and domestic personnel to insure the orderly maintenance and sanitation of the building and yard, and the proper preparation and serving of food.

Clerical service should be provided for keeping statistical records, case records and teachers' records, for correspondence and filing and for keeping the financial accounts.

The services of special consultants should be made available to and used by the nursery or center when needed. These should include the services of a psychiatrist, dentist, ophthalmologist, otolaryngologist, orthopedist and nutritionist, and of fire prevention, sanitation and building experts.

### 3. Plant Equipment

There should be outdoor play space and equipment and indoor space and equipment for a variety of play activities, meals, naps, washing and toileting for all age groups, sufficient to insure safety, health, convenience, comfort and the opportunity for the normal growth and development of all children in care.

Suitable rooms for the physician's examinations, for isolation of children who become ill during the day, for interviews with parents, conferences of staff members, a rest room and lavatory for use by the staff should also be provided and adequately equipped.

## II. FAMILY DAY CARE

### 1. Children Served

Individual care in suitable family homes is most appropriate for the following children for whom satisfactory care cannot be provided in their own homes: children under two and a half years of age; children of any age for whom group care is unsuitable because of a physical handicap, mental retardation or emotional difficulty; children of one family in which there is a baby under two and a half years of age and one or more older children for whom it is most advantageous to arrange daytime care together; children from scattered residential areas, where it is not feasible to establish a group care facility; and children whose parents' work schedules do not coincide with that of the day nursery or child care center.

### 2. Program and Staff

The skills of social casework in child placement are essential to adequate family day care. Medical service and in many instances that of an educational consultant are also necessary.

The placement of children in family homes for daytime care should be determined by the needs of the individual child. In order to plan satisfactorily for such placement there must be participation by the parents, the caseworker, the pediatrician and the day care parents.

The number of hours daily, the number of days weekly and the extent of time a child receives care in a family day care home should depend upon a careful consideration of his physical, intellectual and emotional needs. There must be recognition of the problem for child and parents in their separation and of the importance of a close relationship between the parents, the family day care agency and the day care parents in which there is a constant sharing of responsibility for the care of the child.



The number of children placed in each family day care home should be limited to insure for each child individual attention and care. Family day care homes should be used exclusively by the agency responsible for this service.

There should be provision for a well-balanced daily program suitable for each child. The agency should be prepared to supply appropriate equipment for the use of the child in the family day care home.

The administrator of a family day care service should be a capable social agency executive familiar with good practice in child placement and preferably qualified by training and experience in the child placing field.

The staff should consist of qualified caseworkers preferably those experienced in recruiting, studying, selecting and supervising foster homes for children. There should be provision for adequate clerical service to this staff.

A qualified physician, preferably a pediatrician, should be retained by the agency to make all pre-placement physical examinations and periodic re-examinations of children. He should also serve the agency as medical consultant in developing policies for the health supervision of children in care, and for health requirements for day care parents and for staff.

The services of special consultants should be made available and utilized by the agency when needed. These should include the services of a psychiatrist, dentist, ophthalmologist, laryngologist, otolaryngologist, orthopedist, nutritionist and nursery education specialist.

### III. PERSONNEL PRACTICES

The day nursery or child care center and the family day care agency should have written personnel policies which clearly define the practices of the organization with regard to the qualifications, salary range and duties for each staff position, hours of work, provision for vacations, sick leave, leaves of absence, and terms of employment, resignation or dismissal. There should be provision for Workmen's Compensation insurance and retirement benefits including all personnel employed.

### IV. AUSPICES FOR DAY CARE

The hazards for children who receive day care in unsupervised, independent facilities are such that the majority of communities must take responsibility for determining the extent of need for day care and for establishing day care services, adequate in number and quality, under suitable auspices. These

auspices may be those of a public department of health, welfare or of education, a private incorporated agency with other services for children, or a private incorporated agency established for the specific purpose of providing a day care service.

### V. FINANCING DAY CARE

In order to meet the needs of children requiring daytime care it is essential that there be adequate financial provision to insure the desirable quality of service. In certain communities, adequate private funds are available. In others, public funds are required. A combination of public and private subsidy may be necessary under certain local conditions.

### The National Mental Health Act

By this Act of the 79th Congress our Federal Government has assumed real responsibility for mental health in our country. The program is more fully discussed in the Summer, 1947, issue of the *Journal of Psychiatric Social Work*. Staff members of children's agencies will be interested in the following quote of opportunities for training which have become available:

"Training stipends for psychiatric social work have been authorized for three years of training at the graduate level. For the first-year student the stipend of \$1,200, for the second-year student it is \$1,600 and for the advanced student it is \$2,400. The Public Health Service recognizes the fact that training stipends for first-year students in social work serve mostly as a recruiting device to attract more individuals to the field. However, there are mature students whose qualifications and experience would lead one to expect that they would successfully complete the training program for psychiatric social work. The first-year stipends will be limited to such individuals, at least in the early stages of the program. These first-year stipends will not be utilized as recruiting devices since the number which could be offered now are limited and would have little influence on the total social work training picture.

"Our purpose is to concentrate the stipends in the second and advanced years. In this way we believe more individuals may be offered an opportunity to continue in school in order to complete their specialty training, and the graduate with successful experience may return to school to take up further advanced training which will make him a more valuable professional person. . . .

"It may be of interest to this group to know that individuals who accept training stipends are in no way obligated to the U. S. Public Health Service. It is hoped that such individuals will enter the field of public service but there is no compulsion on our part that they do so."

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**BULLETIN**

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Henrietta L. Gordon, *Editor*

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### Who are to be the New Leaders?

THE summer months have seen the passing of two beloved and powerful leaders, the Rev. A. T. Jamison and Jacob Kepecs. They were great men in several respects and notably in the extent of their influence, both having acknowledged responsibilities for child welfare far beyond their own communities, and both refusing to be limited by the sectarian auspices under which they served so well. They were true advocates for children.

Recent months and years have brought the deaths of other leaders and with these latest losses added the question "Who are to be the new leaders?" is inescapable. In the last decade the child welfare services of the country, private and public, have grown to new and large dimensions. This means that more leaders than ever before are needed.

The Child Welfare League of America always has numbered strong leaders among its constituents. Repeatedly we learn that the executive of a member agency or some member of the agency's board or staff has completed successfully some vital community service, often a distinguished service above and beyond the call of duty. It is such leadership from all corners of the country that created the League and such men and women today are helping the League to achieve a stature commensurate with the needs it confronts.

Strong as a child welfare leader may be, he will be doubly tested in these days when economic pressures and the housing situation complicate the work for which he is responsible. Old patterns for budgets are hopelessly inadequate and even with sufficient funds it is hard to obtain suitable staff or find foster homes. There are plenty of citizens and even social workers who will say, "the funds can't be raised," or "the work must be restricted." With the births in the United States approaching 4,000,000 for 1947, and certainly a new high, it is hard to understand how

child welfare work of any kind can remain within previous bounds. And reductions in most programs will reflect only social decadence. Better interpretation of needs and budgets are essential. A keener understanding of the human and professional values with which we deal must be developed if we are to convince our communities and ourselves of the inadequacies which leave many children unserved or poorly served. The leader's equipment must include a generous supply of conviction and courage.

These strong leaders who have departed so recently have left mantles for someone to pick up.

HOWARD W. HOPKIRK

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### A. T. Jamison

IT is hard to realize that Dr. A. T. Jamison left us on August 9. At the age of 81 he remained alert and maintained active interest in Connie Maxwell Children's Home, of which he was Superintendent Emeritus. He kept in close touch also with the Child Welfare League of America, being its only Honorary Vice President.

In the 46 years he was Superintendent at Connie Maxwell, Dr. Jamison built a strong service for children and helped to establish those traditions of child welfare which are among our country's greatest assets. Whether working at his own institution at Greenwood, South Carolina, or on committees or boards in New York or Washington, he consistently stood as a powerful champion of the children he served.

Early in his career, Dr. Jamison insisted that all possible skill be added to the experience of those serving in the field of child welfare. He was among those who first promoted institutes for workers in children's institutions. Impressed by the possibilities of conserving family life and re-establishing the homes from which dependent and neglected children came, he was discontented until Connie Maxwell acquired a staff of competent, professionally trained social workers. He obtained, in succession, as directors of casework, women who have become prominent among child welfare leaders.

At times Connie Maxwell was definitely ahead of institutions in more prosperous communities. Here was a courageous leader who expected the best of himself and others, and who only paused for a greater effort when confronted by adverse circumstances which dismay most men. It was an honor to be one of his disciples.



### Jacob Kepecs

THE members of the Child Welfare League of America and many outside its membership feel keenly the loss of Jacob Kepecs who died July 10, 1947. As executive of one of our strongest agencies serving children he had provided extraordinary leadership within his own organization and community. Busy as he was with such responsibilities he had become well known for his distinguished services in national and regional activities.

He served as President of the Child Welfare League from May, 1934, to May, 1936, and as a member of the Board of Directors from 1926 to 1943. In these capacities he promoted better standards of service to children and helped to build the League itself. He was one of our most capable representatives in the several White House conferences on child welfare and his services long were in demand as a member of commissions and advisory committees in Washington.

Few individuals have done as much for the development of adequate public welfare services to children, whether in promotion of Child Welfare Services under the Social Security Act or in supporting more adequate service in communities where his counsel was sought. Such achievements, while engrossed in the administration of a large sectarian agency, are consistent with the highest traditions in American child welfare work, traditions which Jacob Kepecs helped to create. For the younger men and women who must provide leadership in child welfare during the latter half of this century Jacob Kepecs provides an heroic pattern.

### Reference Letters in Social Casework Agencies

IN this period of acute staff shortage there is naturally increased concern with how to make the most effective use of available personnel. Everyone with responsibility for job placement or selection wants to be sure that his contribution is helping to place the person where he can meet the job demands. The reference letter, while recognized as a device of quite limited utility, is nevertheless one of the important tools in this job placement process. On what should a reference letter be based? What should its content be, how say it? These are only a few of the questions which those who must write letters of reference have been asking.

This subject has had consideration in the past.

Such specific problems as evaluating personality have been discussed and suggestions made. Since, in the field of social work and specifically in casework (possibly more than in any other professional service), there is a unique demand upon the practitioner to develop a "professional personality," it has been suggested that:

1. More valuable than a static list of personality traits is description of those traits as they manifest themselves in the various aspects of the job.\* Again it was recognized that evaluation ought to be an antecedent process of reference writing.
2. Implicit in the committee's discussion throughout, was the assumption that periodic evaluation of workers is an indispensable antecedent process to any type of reference writing. We made a few desultory sallies into this formidable field and ultimately retreated, with a recommendation to the Division on Employment Practices that a concurrent Committee on Evaluation be set up. For our purposes we assumed arbitrarily that every agency employing social workers has a systematic and known method whereby evaluations are made and written at frequent, regular and stated intervals; that the substance of the evaluation is made known to the worker; that evaluations are written by responsible persons to whom that function is formally assigned.†
3. *Evaluations*—Evaluation of a caseworker's accomplishment should go on continuously, with the participation of both supervisor and worker. However, formal, written evaluation should take place at stated, regular intervals, usually once a year. Continuing employment, salary increases, promotions, demotions, dismissal and letters of reference should all be based on such written evaluation.‡

The Social Case Work Council of the National Social Welfare Assembly has had a committee to consider and report on this complex problem. A fuller report will be available at a later date. In the meantime, we are presenting here the committee's suggested principles involved in reference writing in social casework agencies as well as some recommendations. The principles are:

\* Suggestive Outline of Points to be Covered in Reference Letters—Subcommittee on Reference Letters, Great Lakes Region, F.S.A.A.

† The Compass, Volume 19, Number 5, page 3, February, 1938.

‡ Personnel Practices for Member Agencies of National Council Church Mission of Help, Inc. (Revised October, 1945), page 8.

1. References should be written about and related to the position and the setting where the work was done.
2. References should be based on the skills required for the position and developed in it, with recognition of the person's effectiveness in discharging his specific job responsibilities.
3. References regarding agency experience should be based on current evaluations with which the worker is familiar.
4. References should be written objectively.
5. References should not be expected to predict how the worker under consideration will function in the receiving agency setting.
6. References involve obligation to the individual worker, to the prospective employer and to the organization to which the reference is related.
7. References containing statements about matters of conduct should be possible of substantiation in work performance.
8. References should not give a medical diagnosis. When health is a factor, reliance should be placed on a medical report.
9. References should be concrete and language should be definitive and descriptive.
10. References as confidential information should be respected and protected in confidential files (this does not deny Principle 3).

Some of the recommendations are:

1. A device for the evaluation of a social agency should be created. Workers are demanding references for agencies. Some of the difficulties inherent in this problem have been mentioned in a recent publication of the A.A.S.W. "Another general area in which standards remain ill-defined and unobjectified is in relation to criteria by which an agency's standing may be judged. Here again it is recognized that no definite scheme of measurement or evaluation can or should be evolved. However, the present obscurity leaves to gossip and rumor a prominent role in determining an agency's professional standing and makes inquiry into its conditions and practices an individual challenge or impudence."\*
2. The committee feels that relatively lesser weighting than has heretofore been the practice, should be assigned to references in any series of devices for evaluating workers. The

worker's training, the types and sequence of positions held, his evaluation of himself and the personal interview are all of greater significance than the reference.

3. The committee sees a great need for the profession to create constructive methods for testing the validity of the conclusions we draw about workers.

It would seem to us altogether proper for personnel committees of casework agencies to examine these principles and suggestions and submit to the League comments and suggested modifications.

H. L. G.

### The Caseworker in a Child Placing Agency

(Continued from page 4)

nize her own guilt and also her fear that she might resent Carol's interference with achievement of her goal. Her plan was recognized as valid, at the same time recognizing what all this means for Carol. Mrs. Green was puzzled that Carol didn't seem to believe she would be coming home. The worker recognized that it might be painful to Mrs. Green but wondered how Carol could be expected to depend on her when all her concentration was on the future and not in the present. All her rosy promises of the future made the present barren and empty. Could she be a mother to Carol now and give up wanting "things to be pretty between them," must she always be patient and all giving? Mrs. Green began to see how she needed to become a real mother—to punish or be angry as well as to love Carol, i.e., to be more natural, mixing the good with the bad. It was not easy for Mrs. Green to deny her child's unreasonable demands, to show her she had to stay in the foster home. The worker had to sustain Mrs. Green closely throughout.

### The Worker's Role With Child in Placement

Carol, who was 3½ years old when she came into care and who is now past 6, still living in the same foster home, is a little imp both in appearance and behavior. From the beginning she established a fairly good relationship with the foster mother and a very good one with the foster father which neither shifted nor deepened essentially. Carol is bright, has charm and can be irresistible. She is still willful and demanding but not to the same degree. She used to withhold affection deliberately from foster parents. Still a scrapper, who can hold her own in any group of children, Carol challenged discipline at home and at school, although now there is a good bit of yielding. She is destructive of her clothes and toys and still occasionally uses foul language to annoy the foster parents. She obviously enjoys being the center of attention. Day and night wetting cleared up in the first half year of placement. At no time did Carol give

\* "Some Pointers on Professional Standards" by Martha Maltman and Grace Marcus—published by A.A.S.W.

the impression of being an unhappy child, although there certainly were times when she was unhappy.

On the second day of placement, Carol asked the worker when she would be going home. When the worker replied that she had to stay here for a while, Carol answered: "But I have been here for a while." Essentially this has been her attitude throughout placement, even though there were periods of several months when she did not appear to be fighting it. She expressed this at one point when she told the worker, "Yesterday I wanted to burn this old house but today I don't." Much later she showed more acceptance of her placement when she told the worker, "I have two mommies. I like both of them but my own mommy is prettier."

### **The Caseworker's Role With Child is Continuous and Direct**

The worker never lost sight of her responsibility to help Carol and work with her directly. Carol, too, had to feel her stake in placement, in making a go of it. For example, quoting excerpts from a recent interview:

"Carol is quite playful. She has a few pennies and wants us to go to the candy store together. She buys marshmallows and puts her money on the counter and waits for the storekeeper to pick them up. I say she acts like a big girl and she smiles. I ask should we sit on the boxes in front of her house and talk together. Carol prefers to go for a walk but I indicate that since I am taller she would have a hard time hearing me. As soon as we sit down, Carol says she was bad but she isn't going to be bad any more. I say she thinks maybe I am going to scold her. Carol says nothing but calls over a few friends. I say would she speak with them later because I don't know whether she wants them to know what we're going to talk about. She asks them to leave and cuddles up close to me. Carol tells me about school where they say a prayer every day which tells you to love your mother and father and to obey them. I ask did she feel perhaps she didn't have to listen to the Gordons (her foster parents) because they're not her real parents. As she looks at me, she says she doesn't know. Anyway she changed her mind and is really going to be good. I say Carol's had a hard time being good. Maybe it will take a long time. Maybe she can't help being bad because she isn't with her own mother. Carol says that she'll be good. I say all I know is if she can't get along with Mrs. Gordon I'll have to find another foster home for her. Carol says she likes Mrs. Gordon and wants to stay there. I tell Carol that then it's up to her.

Carol shifted to her approaching birthday and asked me what will I give her as a present. During this entire conversation she is much quieter, and more attentive than I have ever seen her before. She asks me to rebraid her loosened hair and she enjoys my doing it for her. I ask her if she was able to read the letter I had sent her about my coming to see her. She said she could read only her name but she liked the special letter. I told her I would write to her again before my next visit."

### **The Foster Mother Has to be Helped to Become a Foster Mother**

I have tried to give a picture of Carol's and her mother's movement in placement. Mrs. Gordon, Carol's foster mother, had a significant part in all of this. The Gordons' two children are both grown. The

foster sister at home is a warm, outgoing young woman, devoted to Carol and as indulgent as her hearty, easygoing father. Mrs. Gordon is a self-contained woman, pleasant but not as colorful as her husband. She shows her real feeling for Carol in a constrained, subdued manner.

From the start Mrs. Gordon found Carol an appealing and exceptionally bright child who amazed her with the things she said and foiled her in her insistence upon having her own way, particularly since she could not really deny the child anything. When Mrs. Gordon felt thwarted in her efforts to be firm, the worker let her know that we do not expect her to carry this burden alone. Then Mrs. Gordon could see some ways in which Carol had improved—"she eats better; she sleeps more quietly; her actions are not so wild." She was encouraged to go on with the help of the worker who recognized in her contacts with Mrs. Gordon her ambivalence about being a foster mother to Carol who showed so clearly how much she loved and wanted her own mother.

In all her contacts with the foster mother, the worker helped her see her role as foster parent. She supported her right to find it unbearable and possibly to consider giving up the child. However, she helped her recognize too her satisfactions so that the one could be weighed against the other. From this kind of recognition of what the foster mother was experiencing, from her relationship with the worker, the foster mother derived enough support to go on.

### **Casework With Child, Parent and Foster Mother Interdependent**

This presentation of Carol, her mother and her foster mother might give the impression that the help each is given is compartmentalized. Of course it cannot be that way. They are all in it together. When Mrs. Green's conflicts about herself, about her use of placement showed themselves, Carol was affected. When Carol was affected, there was sharpened for Mrs. Gordon her limited role as a foster parent and her limited meaning to Carol. Then, when Carol was upset, her mother's conflict was intensified. In other words, what affected one unbalanced the whole. Each time it is the worker who has to bring each back into placement and recognize the impact of one upon the other.

The cases of Teddy and Carol indicate clearly the change in our agency's concept of its service and of its responsibility in offering that service to our clients. They show not so much a difference in responsibility per se, but rather a difference of professional responsibility that grows out of increased knowledge, increased understanding and skill, as well as out of continuous examination of practice. This difference in concept of service and in definition of responsibility has brought about changes in the role of the worker for it is vitally dependent upon the quality of the worker's relationship and her ability to sustain it throughout the helping process.



### Child Care Aspects Create Reality Structures for Casework Help

The case material presented reflects the change in quality of relationship between the agency and its clients. For the sake of clarity, of focus, as well as brevity, we did not discuss the different use in the casework process of tangible child care factors such as health, camp, clothing, vocational guidance, and all other such services related to the enrichment and development of the child I mention earlier in this paper. We have come to recognize that each of these child caring aspects, when administered in a placement setting, takes on a specific significance. Yet it is different for each client because the meaning of placement is different for each. Therefore it is the worker, primarily responsible for service to the clients, who has to be directly involved in these services if she is to be aware of the psychological implications for each client, as revealed in his reaction to and his use of them.

For example, in making camp experience available to a child, the worker needs to consider the child's readiness at that time. It may be that leaving the foster home for camp may arouse an old fear or stir up a new one of losing his home. Another example is clothing, which has so many different meanings to different foster mothers. One foster mother takes little clothing, not because the child doesn't need it, but rather because she is not secure with the agency. Another is always dissatisfied with the clothing which might reflect her dissatisfaction with some aspect of being a foster mother. In the same way the older girl's use of her cash clothing allowance, the working child's use of his earnings, their reactions to budgeting, are inevitably related to their attitude toward their status as foster children. Psychiatric service arouses a great deal of feeling, not only in the child but in the parent about himself and/or his child. To the foster mother it may be a questioning of her adequacy in serving the child.

When the worker's role did not encompass the child care services, we denied her the use of tangible structures so inextricably interwoven with her responsibilities for sustaining the placement for as long as the parent, child and foster mother needed it. The worker's use of these has contributed to the development of casework that is more realistic and meaningful. However, it must be kept in mind that each time we add an additional facet of service such as use of nursery school for the young child in need of group help toward more organized socialized use of himself or psychological tutoring, or orthodontia service, we add to the worker's responsibility.

### Foster Home Development is Caseworker's Responsibility

Although I believe the case material implies our different use of and responsibility for the foster home, I want to restate how we see the worker's responsibility. Home finding is not only a foster home study—it includes the development of foster homes so that they are able to serve our children. It means helping the foster mother, in the course of caring for a child, find her own comfort and satisfaction in being a foster mother. This is important for the child's sake, if the home is to continue for him and it is important for the broader purposes of the agency which carries out its services through foster homes.

### Size of Caseload Must be Related to Changing Concepts of Service

In conclusion I want to state that in our agency we have come to see the worker as the vitally unifying force in the placement situation. As representative of the agency, the worker is the one responsible for effecting a continuity of relationship between agency, parent, child and foster parent that flows from the factors implicit in the placement situation. From these have evolved differences in the quantitative and qualitative demands upon the worker. To redefine the job is not enough. We still have to face the problem of establishing a caseload which takes into consideration the change in scope of the job and enables the worker to give the service as responsibly as possible.

### New League Member

DAY NURSERY ASSOCIATION OF INDIANAPOLIS  
542 Lockerbie Street  
Indianapolis 2, Indiana  
Miss Marion V. Gay, Executive Secretary

### New League Provisional

SALVATION ARMY  
BROOKLYN NURSERY AND FOSTER HOME SERVICE  
396 Herkimer Street  
Brooklyn 13, New York  
Brigadier Mabel Wilson, Superintendent

The St. Louis Children's Aid Society, St. Louis, Missouri, has changed its name to Family and Children's Service.

### New League Publication

Child Welfare Bibliography Supplement No. III, 1947. 25 pp. 35 cents.

## Environment vs. Heredity

A chapter from "Adopting a Child,"\* by FRANCES LOCKRIDGE with the assistance of SOPHIE VAN S. THEIS, *Secretary of the Child Placing and Adoption Agency of the State Charities Aid Association*

THE relative importance of environmental and hereditary influences in the formation of personality is of obvious and special interest to adopting parents. There are almost as many views on this matter as there are students of the subject. No final agreement has been reached by modern scientists. Perhaps none is to be expected. But recent studies based on the development of children placed in foster homes have provided interesting and probably suggestive results.

Certain of these studies seem to indicate a measurable rise in intelligence, as tested by I.Q. ratings, among children placed in superior families, and this without regard to the hereditary background of the children. Others do not permit generalizations so sweeping, or so optimistic. All do indicate that good environment has a profoundly beneficial effect on individuals; the consensus of opinion is that such environments develop latent abilities and potentialities in almost all children, further their normal adjustment to mature life and enable them to overcome personality defects which at first glance might seem to have hereditary sources. This seems to be true whether or not there is, under such favorable conditions, an increase of intelligence in the absolute sense.

One of the most interesting of these studies was conducted by Drs. Anne Roe and Barbara Burks, and published under the title: "Adult Adjustment of Foster Children of Alcoholic and Psychotic Parentage and the Influence of the Foster Home."†

From the records of the State Charities Aid Association of New York City, the investigators selected 261 cases. Fifty-six of the cases came from "normal" parents and the remainder from parents who were alcoholic, psychotic, or both. Various factors reduced the number of cases actually studied to 78, of whom 25 were those of children whose parents were normal, 36 children of alcoholic parentage, 11 children of psychotic parentage, and 6 children whose parents were considered to be both psychotic and alcoholic. The children of normal parentage, representing almost a third of those studied, were used as a control.

(It should be noted that the "children" were, at the time of the study, of an average age of 31, most of them married and many with children of their own.)

Since children are never knowingly placed with alcoholic or psychotic foster parents, all of the 78 boys and girls moved, upon being placed, into environments more favorable than they could have experienced with their own parents. (Actually, 58 of them were placed in families of which the heads were professional, managerial, followers of skilled trades or clerical work, or farmers. All were "capable.") Opportunity in life for each of these children, insofar as environment was concerned, was approximately equalized. If there was a difference, it was in favor of the children of "normal" parentage, since, to quote from the study, "foster parents of higher education, occupation and allied attributes might be more inclined to consider the family background of the children to be placed with them."

Here, therefore, was a scientifically chosen "sample" of humanity, disparate in background, approximately equal in opportunity. How did they turn out? Approximately equal—in use of alcohol, in adjustment to marriage, in feeling of security, in personal relationships other than marriage, in attitude toward reality, in "over-all personality adjustment." Time after time, as each of these adjustments to life is tabulated, the authors of the study have summed up: "There are no significant differences among the groups."

Space is lacking for any extensive recapitulation of the study. But the statistical results of the study of the use of alcohol by these men and women who were once adopted children is characteristic and may be of interest. It follows:

USE OF ALCOHOL BY THE FOSTER CHILDREN

Parentage Group	None	Occasional	Regular	Per Cent Users
Alcoholic.....	8	17	2	70
Normal.....	8	12	2	64
Psychotic.....	4	6	0	60
Alcoholic-psychotic...	0	4	1	100

"It is obvious that there are no intergroup differences," the authors state. "This is particularly striking in view of the usual findings among children of alcoholics, 20 to 30% of whom can be expected to be

\* This book on adoption will be available directly from the publisher, Greenberg, New York, and through the Child Welfare League of America.

† *Quarterly Journal of Studies on Alcohol*, Yale University.

heavy drinkers." There are no heavy drinkers among these children of alcoholic and psychotic parentage. And none of the children of psychotic parentage is psychotic.

Had these children remained with their own parents, the authors point out, "they would have, in a sense, been outcasts. The children of respectable families would, in all likelihood, not have been permitted to play with them. They would not have had the kind of clothes the other children had; they would not have been invited to their parties; and nasty remarks about their fathers and mothers would have been shouted at them on the streets. They could react only by identifying with their families and rejecting the community and all its customs, or by rejecting their families and striving somehow to achieve membership in the group which had despised them. It may be that one or the other orientation was early taken by these children. We do not know. But there are not many who have not come to working terms with life in the community. . . .

"It seems very probable that residence in a home which is a respected part of the community, and the child's acceptance as a member of the community, make possible the formation of an organized ideal derived from the attitudes and forms of behavior of the community which can function as an integrating force, even in spite of unloving and harsh parents. It is conceivable that the basic assumption of our society, the assumption of the dignity and worth of the individual, is sufficiently pervasive that it may offer support even to the child whose dignity suffers attack from his parents. This, together with such good elements as even the poorest heredity must include, is perhaps the answer."

Other studies of foster children who have reached maturity bear out the encouraging implications of the Roe-Burks survey. In a pioneer study made in 1922, for example, Miss Sophie van S. Theis found that of 910 children placed by the State Charities Aid Association, nearly eighty per cent grew up to be law-abiding, self-supporting, reasonably happy citizens. Here the only "control" is that provided by ordinary experience. It is doubtful whether the percentage of capability in the general population would be as high.

Other studies have been made of adopted children, many of them at universities. The studies now being carried on at the University of Iowa have already disclosed significant findings in regard to the influence of environment. A study made at the University of Minnesota in 1932 by Alice M. Leahy compared 194 adopted children with an equal number of own chil-

dren. Other universities, including the University of Chicago, have conducted studies and are now engaged in studies (*see Bibliography*).

All of these studies are reassuring to families who are interested in adopting children. They seem to prove the fundamental soundness of human nature and its capacity to blossom when given the right soil in which to grow. To provide that soil is at once a challenge and a contribution to life; for, in the last analysis, behind all of the science stand our children who will help to make our world tomorrow.

### BOOK NOTE

*Residential Treatment for Children, a discussion of PLANS FOR AN INSTITUTION FOR THE TREATMENT OF EMOTIONALLY DISTURBED CHILDREN*, pamphlet by the Illinois Children's Home and Aid Society, Chicago. 52 pp. 50 cents.

The recognition on the part of child-care workers of the limitations of the foster family home as a resource for the treatment of problem children, the recurrent interest in the possibilities of various types of "subsidized" foster homes, the discovery of the potentialities of the controlled or conditioned environment of the large institution or training school have all contributed to the present interest in the small institution as a therapeutic resource for problem children. A number of small study or treatment homes have been established or are being planned in different communities at the present time. In fact there seems to be more interest today in this kind of facility than any other special resource in the child-care field.

Faced with the need to provide care to an increasing number of emotionally disturbed children, the Illinois Children's Home and Aid Society of Chicago appointed a committee to draft specifications for a new institution. The booklet under review is the report of this committee. The committee consisted of staff members of the department of pediatrics, psychiatry, and social work of the University of Chicago and of the staff of the Illinois Children's Home and Aid Society. James Brown, associate professor of the Social Service Administration at the University of Chicago, acted as secretary of the committee and Maxwell Hahn, executive vice president of the Field Foundation, served in an advisory capacity and participated actively in the study.

The committee visited and surveyed the structure and programs of eight treatment institutions in different parts of the country. These were all under voluntary auspices and included a number of small



treatment homes and three larger institutions approximating training schools in size and program.

This report may achieve historic significance in the child-care field because it brings together for the first time the most complete statement of treatment objectives and the clearest analysis of the required resources. While comparatively brief, it encompasses a complete outline of the features of an institutional treatment program. It covers such aspects as intake policy, treatment program, personnel, teaching and research, plant, location and budget. Because the report is in the nature of an outline it would be difficult to summarize further. Something of a point of view and philosophy can be gleaned from a brief reference to the statement of the kinds of children to be admitted and a few selected quotations from the discussion of treatment.

The committee identifies three different age groups among the children in need of residential treatment care—a preschool group, three to six, a primary school group, six to eleven, and an adolescent group, eleven to seventeen.

The committee recognizes the need to establish diagnostic priorities so as to select children on the basis of treatability and research interest. It points out that the exclusions which it establishes are not intended to deny care to the troublesome child or assure comfortable, easy-to-manage populations. On the contrary, those excluded are for the most part the more easily managed. Feeble-minded children, and children with established psychoses, and those suffering from disorders of organic origin are the principal exclusions.

On the basis of the greatest need confronting the Society, the committee decided that the institutions should at this time be planned for the adolescent group including the following diagnostic or "technical" categories of children.

1. Psychoneuroses, such as children with phobias, hysteria and obsessions.
2. Organ neuroses, i.e., those suffering from spastic bowel, asthma, eczema, hypertension, and the cardiac invalids without heart disease.
3. Character problems such as the hostile aggressive child; the socially withdrawn; those presenting sex problems; and the neurotic delinquent, in so far as he can be assimilated without danger to others.

I believe the report includes the best statement published so far on the elements in a comprehensive environmental treatment program. It stresses the interrelatedness of all aspects of treatment and covers such aspects of the program as medical care, education, recreation, and psychotherapy.

I quote from the statement on psychotherapy because I think it provides a clue to the spirit and concept of the total program.

"Psychotherapy may be defined as the changing of pathological reaction patterns into more constructive patterns of thinking and behaving through personal contact with other people. In this sense, all the child's experiences in the institution will be a part of his psychotherapy, in that they will be so arranged as to produce the maximum amount of constructive action on his personality." . . . "This initial 'prescription' will serve as a guide by which all the staff members of the institution will regulate their behavior toward the child. Naturally, as the child's emotional state varies, the 'psychiatric prescription' will be varied accordingly." . . . "This generalized approach by a means of regulated and controlled attitudes might well be designated as collaborative therapy.

"In addition to collaborative therapy as defined above, it is planned that each child will receive individual psychotherapy in the form of personal interviews with a member of the staff. The therapists will consist of the staff psychiatrists, psychologists, and social workers, and of those psychiatrists in private practice who wish to continue treating cases they have referred. Psychotherapeutic interviews conducted by the social workers, psychologists, and students will be supervised by some psychiatrist on the attending staff."

While we must begin as the report does with treatment objectives and their translation into specific programs such as education, recreation and psychotherapy, what children will get out of their experiences depends primarily upon the personnel involved.

The report outlines in considerable detail the responsibilities and qualifications of the various types of professional people involved—psychiatrists, psychologists, social workers, nurses, recreational workers and cottage parents. I found the statement on the qualifications of the director and selection of cottage parents of chief interest. The qualifications of the director are stated as follows:

"The director must have (1) administrative skill, (2) a flair for winning the co-operation of the staff, (3) a plastic attitude toward treatment situations, but (4) not be preoccupied with individual treatment. Whether the director be man or woman, old or young, would not matter. His professional training might have been in any one of several fields—casework, education, medicine, psychiatry, or institutional administration."

The individualization of treatment of children is so much the keystone of this program that one would question how anyone with training only in the suggested professions other than casework could give the kind of leadership which such a plan of therapy calls for.

The statement about cottage parents reads as follows:

"The cottage parents, by the intimacy and extent of their day-by-day contacts with the children, will play a critical role in treatment and need to be most carefully selected. Examination of the qualifications of persons holding these positions in other insti-

tutions which the committee has visited reveals great variety in respect to age, education, previous experience, and personal qualifications. Some have used young, unmarried men and women, while others have used married couples past middle age. The committee believes that the greatest care must be exercised in selecting people for these posts but that it is not practical at this time to draw up detailed qualifications. The catalogue of personal assets that cottage parents should have, ideally, would be a long one, and a certain amount of opportunism will probably have to enter into their selection. The salary scale for this group of employees should be flexible to permit differences in experience and capacity. The possibility of securing married couples where the husband is employed outside the institution and comes home at night like the normal father should be explored."

It is my opinion that the report breaks new ground in many directions. The statement of treatment objectives, as well as the concept of required resources is clear and practical. The emphasis on careful work with each child, plans of treatment and handling which will channel all that is known about child behavior and therapeutic methods is also of primary importance. Perhaps the most important concept is that of "collaborative" therapy.

At the same time the report is not able to transcend the present basic limitations in residential treatment programs. Essentially, these grow out of two factors, limitation of knowledge and unavailability of trained personnel to fill the cottage parents function. Professionalization of treatment depends on the ability of everyone involved in relationships with the child to deal with him in the light of the total available knowledge about his needs.

This program provides for professional handling of the child only during the time he is in school, on the playgrounds and therapeutic sessions with psychiatrist or caseworker. This is because professional personnel is available only for these activities yet at least an equal part of the child's waking hours will be spent with the cottage parents who are generally untrained and who are not prepared to participate in the planning process.

The report faces the need of the training of leadership personnel for institutional services. It recognizes that the director of treatment would need to see the total needs of the child, that the different staff groups share in responsibility for the total treatment program and how their specific contributions fit together. Since it accepts the use of nontrained cottage parents, it accepts the inability to plan and deal with the child's total experience in the light of the best available knowledge. In other words, at the present time all projects of this sort are confronted with the fact that only limited aspects of the child's life can be planned and dealt with on a scientific basis. The situation which we must strive to achieve would

embrace the total life of the child within a clinical planning and treatment process. This means facing more courageously than we have done all the practical problems involved in professionalizing the total staff responsible for dealing with the child. In spite of the questions here raised, I consider this a very valuable report and everyone engaged in administration or planning of residential treatment care for problem children will profit from study of its content.

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### Personnel Practices

A rather comprehensive statement of personnel practices for both professional and clerical staff was recently drawn up by the Connecticut Children's Aid Society of Hartford. A copy is available on loan upon request to the Child Welfare League office.

### A Manual for Parents Seeking Daytime Care

SINCE July, 1945, when a committee of Child Welfare League of America member agencies produced the "Manual for Foster Parents" as a guide to children's agencies, we have received any number of copies of manuals developed by member agencies. However, for the first time we are in receipt of a manual for parents interested in using daytime care facilities. This manual called "Information for Parents" is offered by the First Family Day Care Association, Philadelphia.

An introductory statement explains how "When parents ask for daytime care for their children they usually have many questions about the policies of the agency." It then goes on: "We give you the following information to help clear up these questions."

After a brief explanation of the purpose of the agency and the way it works, the pamphlet details factual information needed by the foster mother in understanding what share of the responsibility the agency will carry. In keeping with this principle it instructs the foster parent in its medical program, what to do in case of illness; how fees are handled; the hours of care for which the foster parent is responsible; such problems as food and clothing; the relationship with foster parents; the place of the social worker; and finally, what goes on in terminating this relationship, that is, removing the child from day care.

This pamphlet is in the League's library and is available on loan to member agencies.